CALIFORNIA 460

## Recipient Committee Campaign Statement Cover Page

Cover Page		LOS ANGELES	00044	FORM TOO
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2020 through 12/31/2020	Date of election if applicables: R -2 P (Month, Day, Year) 21 Mil R -2 P  CAMPAIGN F	H 5: 50	Page 1 of 17  For Official Use Only
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	rimanily Formed Ballot Measure committee Controlled Sponsored to Complete Part 6) rimanily Formed Candidate/ officeholder Committee to Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quar	terly Statement ial Odd-Year Report
Committee Information	. NUMBER 398000	Treasurer(s)		
Feel the Bern Democratic Club, Los Angeles c/o LA County Democratic Party	390000	Margaret Finnstrom MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIP COI  Los Angeles CA 9007		Valencia NAME OF ASSISTANT TREASURER, IF ANY	CA 9135	4 818-584-4013
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS feelthebernla@gmail.com		OPTIONAL: FAX/E-MAIL ADDRESS mfinnstrom@hotmail.com		
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on	California that the foregoi  By  BySignature of Contr	colling Officeholder, Candidate, State Measure Proponent or Responding Officeholder, Candidate, State Measure Proponent of Controlling Officeholder, Candidate, State Measure Proponent or Responding Officeholder, Candidate	onsible Officer of Sponso	
Date		Signature of Controlling Officeholder, Candidate, State Measure Pr	oponent	

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Officeholder or Candidate Controlled Committee				6.	6. Primarily Formed Ballot Measure Committee						
NAME	OF OFFICEHOLDER OR CAND	IDATE			NAME OF BALLOT MEASURE						
OFFICE	SOUGHT OR HELD (INCLUDE	LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	_	SUPPORT OPPOSE		
RESIDE	ENTIAL/BUSINESS ADDRESS	(NO. AND STREET) CITY	STATE ZIP		Identify the controlling office	eholder, candi	date, or state measi	ure propor	nent, if any.		
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT				
not inc	ed Committees Not Included in this statement that a putions or make expenditures	re controlled by you or ar			OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY		
COMMI	ITTEE NAME		.D. NUMBER								
NAME (	OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Offic for which this	eholder Commit committee is primari	ttee List in the city formed.	names of		
СОММІ	ITTEE ADDRESS STREE	ET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	OR HELD	SUPPORT OPPOSE		
CITY		STATE ZIP COI			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	OR HELD	☐ SUPPORT		
COMMI	ITTEE NAME		.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT OPPOSE		
	OF TREASURER	ET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT C	OR HELD	☐ SUPPORT		
CITY	TITLE ADDRESS STREET	STATE ZIP COL	·		Atta	ach continuati	on sheets if necess	ary	-		

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER 1398000 Feel the Bern Democratic Club, Los Angeles Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) - TOTAL TO DATE **General Elections** 1185 2365 1. Monetary Contributions...... Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 0 2. Loans Received...... Schedule B. Line 3 20. Contributions 2365 1185 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 1185 2365 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 2309 6. Payments Made...... Schedule E, Line 4 Candidates 0 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 2309 983 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0 0 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C. Line 3 983 2309 11. TOTAL EXPENDITURES MADE ...... Add Lines 8 + 9 + 10 **Current Cash Statement** 2800 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B, 1185 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0 amounts from Column B reported in Column B. 983 of your last report. Some amounts in Column A may 3002 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	• A		ts may be rounded			SCHEDULE		
	Contributions Received	to	whole dollars.	Statement cov	ers period	CAL	FORNIA 460	
,				from 07/01/2020		F	ORM 400	
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/20	20	Page	4 of	
NAME OF FILER Feel the Berr	n Democratic Club, Los Angeles					1.D. NL 139800	JMBER 00	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/31/2020	Orinio Opinaldo Los Angeles, CA 90018	☑ IND □ COM □ OTH □ PTY	Retired	500.00	500.00			
		SCC IND COM OTH PTY SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
<i>C</i> -		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□IND □COM □OTH □PTY □SCC					.:	
			SUBTOTAL	3				
Schedule	A Summary				*Con	tributor C	codes	
(Include a	eceived this period – itemized monetary contribution Ill Schedule A subtotals.)				СОМ	(other	ient Committee than PTY or SCC) (e.g., business entity)	
	eceived this period – unitemized monetary contributi	ons of less than	1 \$100\$ 68	5	PTY	<ul> <li>Politica</li> </ul>		
<ol><li>Total mon (Add Line</li></ol>	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	.) <b>TOTAL</b> \$1	85.00		FPP	C Form 460 (Jan/2016))	

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole d	ioliars.	Statement cov from <u>07/01/2020</u>		CALIFORNIA 460		
	•			through	20	Page _	5 of	
NAME OF FILER Feel the Berr	n Democratic Club, Los Angeles					1.D. NU 13980		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		·				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

	Am	ounts may be ro	unded				SCHEDULE B - PART 1		
Schedule B – Part 1	,	to whole dollars			Statement cov	ers period	CALIFORN	IA 460	
₋oans Received					from <u>07/01/2020</u>		FORM	··· 400	
SEE INSTRUCTIONS ON REVERSE	•				through	020	Page 6	of	
IAME OF FILER							I.D. NUMBER		
Feel the Bern Democratic Club, Los Angeles							1398000	ļ	
ter the Both Botheoratio Grae, 200 talgette		(6)	- 455	(0)	74/	(0)		(a)	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVEI THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
			·	PAID				CALENDAR YEAR	
		-		\$	s	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
		s	s	\$	.	\$		s	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				,	DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				\$	.   \$	RATE	\$	\$	
				FORGIVEN	1			PER ELECTION**	
			\$	\$		\$		\$	
□ IND □ COM □ OTH □ PTY □ SCC				<b>5</b> 7	DATE DUE		DATE INCURRED	CALENDAR YEAR	
				PAID				CALENDAR YEAR	
				\$	. \$	% RATE	s	\$	
				FORGIVEN				PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	-	\$	
□ IND □ COM □ OTH □ PTY □ SCC		<u> </u>			DATE DUE		DATE INCURRED		
	S	SUBTOTALS \$	\$	5	\$	\$			
Oak adula D. Camanana						(Enter (e) on Sch	edule E, Line 3)		
Schedule B Summary				• 0					
<ol> <li>Loans received this period     (Total Column (b) plus unitemized loar</li> </ol>	e of lose than \$100 \			—		_	·		
2. Loans paid or forgiven this period	is of less than \$100.			<b>s</b> _0			†Contributor Codes	]	
(Total Column (c) plus loans under \$10				•			IND – Indi <b>v</b> idual COM – Recipient C	ommittee	
(Include loans paid by a third party tha	t are also itemized on Sche	edule A.)		0			(other than I	PTY or SCC)	
3. Net change this period. (Subtract Lin	e 2 from Line 1.)			.net \$ —			OTH – Other (e.g., PTY – Political Part		
Enter the net here and on the Summa	ry Page, Column A, Line 2.						SCC – Small Contri	•	
				đ	May be a negative number)	_			

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

						SCH	EDULE B - PART 2			
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ment covers period /01/2020	CALIFOR				
WATER ON BENEFICE				through	12/31/2020	Page	of			
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER						I.D. NUMBE				
Feel the Bern Democratic Club, Los Angeles						1398000				
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE			
	□IND □COM		LENDER			CALENDAR YEAR				
	□OTH □PTY		DATE	DATE		PER ELECTION (IF REQUIRED)				
	scc					\$				
	□IND		LENDER			CALENDAR YEAR				
	□сом □отн					\$				
	□PTY		□PTY	□PTY		DATE			PER ELECTION (IF REQUIRED)	
						\$				
	□IND		LENDER			CALENDAR YEAR				
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)				
	□scc					\$				
	□IND		LENDER			CALENDAR YEAR				
	□сом					\$				
	□отн □РТҮ		DATE			PER ELECTION (IF REQUIRED)				
	□scc					\$				
			SUB	TOTAL	<b>\$</b> 0	Enter on Summary Page, Line 17 only.				

Scneaule C		to whole dollars.						SCHEDULE C
Nonmonetary Contributions Received				fron	6tatement covers p 07/01/2020	eriod	CALIFO FOR	ORNIA 460
EE INSTRUCTIONS ON REVERSE				thro	ough 12/31/2020		Page 8	of
AME OF FILER							I.D. NUME	BER
Feel the Bern Democratic Club, Los Angeles							1398000	0
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				,			
	□IND □COM □OTH □PTY □SCC							
Attach additional information on appropriately labele	d continuation	sheets.	SUBTO	OTAL \$	6 0			in literature
Schedule C Summary							tributor Coo	
. Amount received this period – itemized nonmoneta (Include all Schedule C subtotals.)				\$_	) 			nt Committee an PTY or SCC)
2. Amount received this period – unitemized nonmon	etary contribut	ions of less than \$100		\$_		PTY	<ul><li>Other (e.</li><li>Political F</li></ul>	g., business entity)
<ol> <li>Total nonmonetary contributions received this period</li> <li>(Add Lines 1 and 2. Enter here and on the Summa</li> </ol>		mn A, Lines 4 and 10.)	<b>TO</b> TA	L\$_	)	_		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar	.	Statement covers	s period	CALIFORNIA 460		
	IONS ON REVERSE	<u> </u>		through 12/31/2020	<u> </u>	Page 9		
	n Democratic Club, Los Angeles					1398000		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 -	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution					<u> </u>	
		Nonmonetary Contribution				ŀ		
	Support Dppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL \$	0				
	D Summary contributions and independent expenditures made	e this period. (Include a	all Schedule D subtotals.)			\$_0		
	ed contributions and independent expenditures m		•-			s 0		

Summary Supporti Candidat	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may t to whole d		Statement covers period from 07/01/2020 through 12/31/2020			ORNIA 460  ORNIA 460  Ornia of 17  ORR
reel the Bern	Democratic Club, Los Angeles  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR	· ·			CUMULATIV	1398000	PER ELECTION
DATE	MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDA (JAN. 1 - E	R YEAR	TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure			·		
		Monetary Contribution		,			
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL S	<u> </u>			<del></del> ;

Schedule E Payments Made	Amounts may l to whole d		Statement covers period from 07/01/2020			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				ti	rough 12/31/2020	- Page	11 of	
NAME OF FILER						I.D. NU	IMBER	
Feel the Bern Democratic Club, Los Angeles						1398	000	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member con MTG meetings an OFC office expense PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearanc ses llating s survey reseal ivery and me	es	RA RF SA TE TR TR TS VO	D radio airtime and production D returned contributions L campaign workers' salaries L t.v. or cable airtime and proc C candidate travel, lodging, ar S staff/spouse travel, lodging,	duction cos nd meals and meals es of the sai	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ION OF PAYMENT		AMOUNT PAID	
,								
* Payments that are contributions or independent expenditures must also be	e summarized on Scho	edule D.			SL	JBTOTAL	\$	
Schedule E Summary			<del></del>					
Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	0	
2. Unitemized payments made this period of under \$100						\$ _	983	
3. Total interest paid this period on loans. (Enter amount from							0	
4. Total payments made this period. (Add Lines 1, 2, and 3. I								

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Feel the Bern Democratic Club, Los Angeles	Amounts may be to whole do		Statement covers period  07/01/2020 from through 12/31/2020	SCHEDULE E (CONT CALIFORNIA 460 FORM Page 12 of 17 I.D. NUMBER 1398000
CODES: If one of the following codes accurately describes campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations civic donations full candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	nmunications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salanes TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	costs luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			.,	

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars.			ers period	CALIFORNIA 460		
			through _12/31/20	)20	Page	13 of17	
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER					I.D. NUN		
Feel the Bern Democratic Club, Los Angeles					139800	00	
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CTB campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	contribution (explain nonmonetary)*  per petition circulating  phone banks  polling and survey research  postage, delivery and messenger services  professional services (legal, accounting)  print ads			nd production co butions ters' salaries time and product el, lodging, and n avel, lodging, and	tion costs neals I meals I the same	e candidate/sponsor mail)	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT P THIS PERI (ALSO REPORT	OD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<u> </u>	§	; 	\$		
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under	\$100.)		RRED TOTA	LS \$ _		
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p</li></ol>	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	LS\$_		
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and			N	IET \$	ay be a negative number	
			FPI	<sup>o</sup> C Advice: advic	FPPC	Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.			ers period	SCHEDULE F (CONT.  CALIFORNIA 460  FORM  Page 14 of 17	
NAME OF FILER Feel the Bern Democratic Club, Los Angeles					I.D. NUMBER 1398000	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and meroprofessional services (IPRT)	ns nces arch nessenger services egal, accounting)	RAD radio airtime at RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra	nd production cos butions kers' salaries time and producti el, lodging, and m avel, lodging, and en committees of on	ion costs neals I meals I the same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIC (ALSO REPORT C	DD BALANCE AT CLOSE	

SUBTOTALS \$

\$

\$

\$

Schedule G							SCHEDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.			fro	Statement covers period m	CALIFORNIA 460	
				thr	ough	Page 15	of
SEE INSTRUCTIONS ON REVERSE						I.D. NUMBE	
NAME OF FILER							
Feel the Bern Democratic Club, Los Angeles	· · · · · · · · · · · · · · · · · · ·					1398000	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes	s the payment,	you may e	enter the code.				
CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*  OFC office expetition PHO phone b polling a polling a polling a polling a		and appearances enses rculating nks d survey research delivery and messenger services nal services (legal, accounting)		RFD SAL TEL TRC TRS TSF VOT	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
						_	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H		Amounts may be rounded to whole dollars.			Statement covers period from07/01/2020		CALIFORNIA 460	
Loans Made to Others*								
					12/21/2	, ,		
SEE INSTRUCTIONS ON REVERSE					through		Page <u>16</u>	of_17
NAME OF FILER							I.D. NUMBER	
Feel the Bern Democratic Club, Los Angeles							1398000	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES THIS PERIOD	BALANCEAT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	. \$	%	\$	s
				☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	s	%	\$	s
				☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of	or committee must				DATE DOL		DATE INCORRED	
also be summarized on Schedule D. Loans forgiver reported on Schedule E.	n must also he	SUBTOTALS	\$	\$	\$	\$	~ .	- 4
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					. 0			
Loans made this period  (Total Column (b) plus unitemized loans	of lose than \$100 \				\$		Г	**If Required
2. Payments received on loans					<b>s</b> _0		L	
(Total Column (c) plus unitemized paym 3. Net change this period. ( <b>Subtract</b> Line 2	nents of less than \$100.)				0			
(Enter the net here and on the Summar								

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(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be	rounded	SCHEDULE I			
		to whole doll	ars.	Statement covers period	CALIFORNIA 460		
				from <u>07/01/2020</u>			
CEE INCTRUCTIONS ON I	DEVEDEE			through	Page 17 of 17		
SEE INSTRUCTIONS ON F NAME OF FILER	REVERSE				I.D. NUMBER		
	ratic Club, Los Angeles				1398000		
DATE	FULL NAME AND ADDRESS OF SOUR	RCE		ODUDTION OF DECEME	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER	R)		CRIPTION OF RECEIPT	INCREASE TO CASH		
	•						
	,						
	>						
Attach additional in	nformation on appropriately labeled continuation s	heets.		SUBTOTA	L\$		
Schedule I Sum		<del></del>	<del>:</del>		<del></del>		
1. Itemized increase	es to cash this period			\$ <u>0</u>	<del>-</del>		
2. Unitemized increa							
3. Total of all interes							
4. Total miscellaneo							
Summary Page, I	Line 14.)				FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)		

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